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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

**DIVISION OF DEVELOPMENTAL DISABILITIES**

**Cultural Competency Plan**

**Contract Year  
2016-2017**

**August 14, 2016**

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### **Our Mission:**

The Arizona Department of Economic Security makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable.

### **Our Values:**

- Teamwork – We collaborate with humility, and partner with kindness.
- Respect – We appreciate each other, and value those we serve.
- Integrity – We never lie, cheat, steal, bully or harass – nor tolerate those who do.
- Accountability – We commit to excellence, innovation and transparency.
- Diversity – We respect all Arizonans, and honor those in need.

### **Our Vision:**

Opportunity, assistance and care for Arizonans in need.

### **Our Goals:**

- Serve Arizonans with integrity, humility and kindness.
- Support Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators.
- Provide temporary assistance to Arizonans in need while they work toward greater self-sufficiency.
- Provide children with food, health care, and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation.

Our work must continually demonstrate these values every day, through our interactions with the public and our fellow colleagues as we focus on building the capacity of the people we serve.

Each Division and every employee of DES must relate these values to their specific work so that they can become a meaningful part of their daily interactions. In this way, we all share ownership of these values and are able to relate them to our vision and our daily work, regardless of our position or job site within DES.

## **Division of Developmental Disabilities**

### **Our Mission:**

To provide to individuals with developmental disabilities and their families, necessary services and supports that are flexible, high quality, and member-driven.

To afford individuals opportunities to exercise their rights and responsibilities of independent decision-making and engagement in the community.

## **Introduction**

The Department of Economic Security (the Department or DES), Division of Developmental Disabilities (the Division or DDD) promotes a culture of respect when working with members and their families. The Division values a competent and diverse workforce capable of effectively addressing the needs and preferences of members with diverse cultures and languages.

The Division's Cultural Competency Plan (CCP) integrates care by providing a holistic service delivery system that respects individuals and families, their values, thinking, belief systems, life experiences, and linguistic preferences. Communication with members, families, and groups from diverse cultures improves health outcomes and member satisfaction. The Plan encompasses the entire network of services provided by the Division, including:

- Acute Care Services
- Behavioral Health Services
- Home and Community Based Services (HCBS)
- Other Specialty Services

The U.S. Department of Health and Human Services' Office for Minority Health issued the National Culturally Linguistically Appropriate Service (CLAS) Standards in December of 2000 to ensure that all people entering the health system receive equitable, effective treatment in a culturally and linguistically appropriate manner.

## **Goals**

"Cultural competency" refers to Division staff, subcontractors, and provider's staff's ability to:

- Acknowledge, understand, respect and apply the influence of the following when assessing, treating, and interacting with any individual and/or families:
  - Cultural history
  - Life experiences
  - Language differences
  - Values
  - Customs
  - Cultural differences among diverse racial, ethnic, and other minority groups
  - Customs
  - Beliefs.
- Ensure use of "disability etiquette" when establishing rapport and working with individuals with developmental disabilities. Disability etiquette is a set of guidelines dealing specifically with how to approach people with disabilities.
- Ensure communication of progress in implementing and sustaining the goals of the CCP to stakeholders, members, and the public.

## Objectives

- Measure family satisfaction using the Cultural Competency Survey
- Measure compliance of AHCCCS requirements of cultural competency using the supervisor audit tool and develop action plan to correct deficiencies
- Review, evaluate, and approve the Acute Health Plans' Cultural Competency Plans.
- Conduct regular assessment of community health assets

## **Administrative Oversight**

### Overview

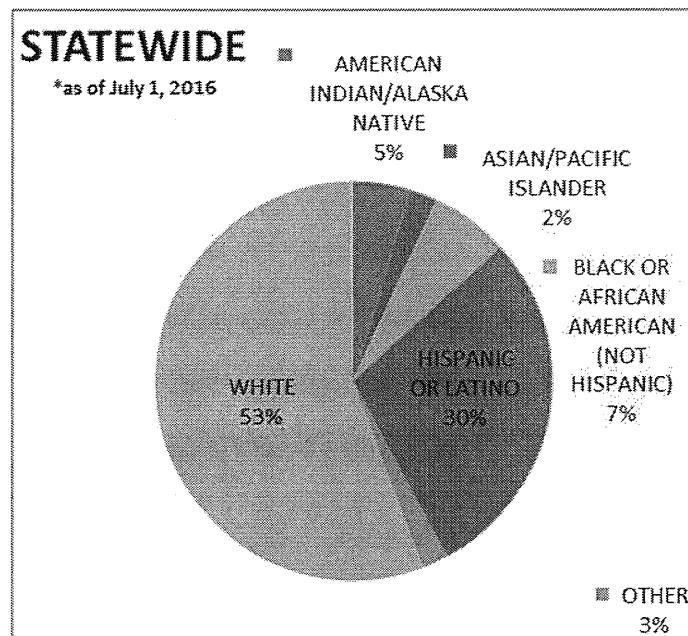
#### *Member Demographic Considerations*

The Division tracks member ethnicity, as reflected in the following charts, and uses the information to guide the CCP. Jessica Cole is the Cultural Competency Coordinator, and is responsible for gathering and aggregating the data on a quarterly basis and overseeing the development of the CCP. This information was provided to AHCCCS on June 15, 2016.

The Division's membership breaks down as follows:

- White Non-Hispanic (53%)
- Hispanic or Latino (30%)
- American Indian/Alaska Native (5%)
- Black or African American (Non-Hispanic) (7%)
- Other/Unknown (3%)
- Asian/Pacific Islander (2%).

With 30% of the Division's membership identifying as Hispanic, the Division is committed to the continued need for a culturally competent workforce that matches the racial and ethnicity of its members.



The Division tracks the diversity of its members (approximately 36,507) as compared to all Division staff and Arizona's statewide population, as depicted in the table below:

<b>Ethnicity</b>	<b>Asian</b>	<b>Black or African American</b>	<b>White not Hispanic</b>	<b>Hispanic</b>	<b>American Indian</b>	<b>Other</b>
DDD Membership	2%	7%	53%	30%	5%	3%
Distaff	2.5%	11.5%	46.5%	29.6%	2.3%	7.6%
Statewide Population	3.2%	4.6%	56.7%	30.3%	5.3%	2.9%

The Division's membership reflects Arizona's population. The composition of the Division's staff is somewhat under-represented in White Not-Hispanic and American Indian and somewhat over-represented in Black or African American as compared to the Division's membership and the statewide population.

In 2016, the Division renewed the Bilingual Language Stipend program, which pays employees a yearly amount to be translators for members and their families. Eighty (80) employees are now receiving this stipend. For the initial phase of this program, only employees fluent in the Spanish language are eligible for a stipend. The Bilingual Language Stipend program ensures there is staff available to be official translators when members speak Spanish as a first language. The program is a successful way for the Division to further emphasize commitment to Cultural Competency.

The Division tracks members' Limited English Proficiency (LEP) (see tables in following section). The predominant primary language of the Division's membership is English, followed by Spanish and Navajo. The Division tracks the languages of all members in its Focus database. The majority of the DDD LEP population speaks Spanish (85%). All languages besides Spanish make up the other 15% of the LEP population, and all equal less than 1% of the total DDD member population. In FY 2015-2016, DDD had 5,121 members who identified a language other than English as their primary language. Of those 5,121 members, 4,373 (85.39%) identified Spanish as their primary language. Of the 5,121 LEP members, the second most common language was Navajo with 237 DDD members, or 4.63%, identifying Navajo as their primary language.

For the first time, Arabic speaking members were higher than American Sign Language (ASL). The percentage of Arabic speaking members is 1.46% of the LEP population. Data collected for 2016 will show whether this is the new trend continues for the three most common languages.

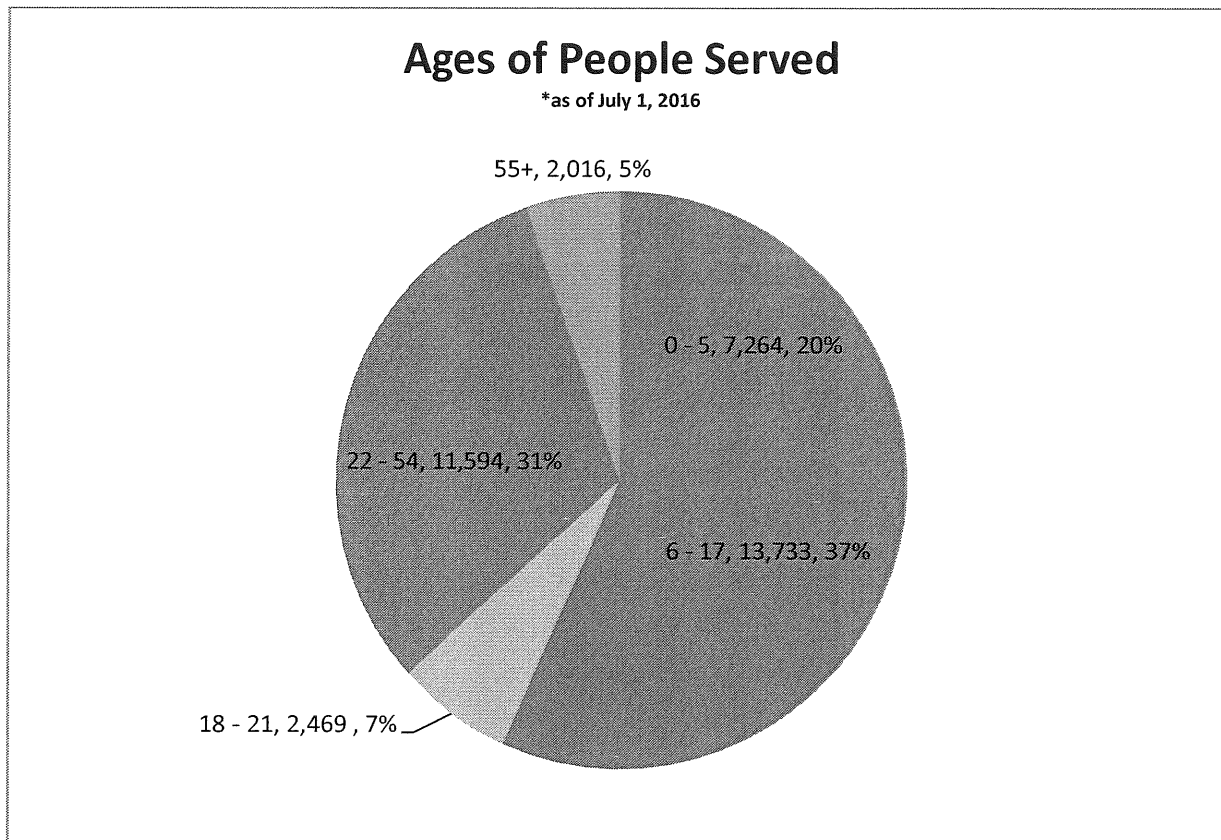
The Division translates all materials when aware that a language is spoken by 3,000 members or 10% of the population, whichever is less. Currently, the Division maintains all necessary vital documents translated in Spanish on the DDD LEP Toolbox website per this requirement. The Division reassesses each year to verify Spanish is the only current language where vital documents are required.

### Division Member Languages FY 2015-2016

Member Language	ATPC	Dist. Central	Dist. East	Dist. Home*	Dist. North	Dist. South	Dist. West	TOTAL	% OF TOTAL
ENGLISH	85	6718	7895	34	3123	6312	7219	31,386	85.97%
SPANISH	0	1284	526	0	106	1180	1277	4,373	11.98%
NAVAJO	0	11	3	2	215	0	6	237	0.65%
OTHER	0	48	11	0	15	34	24	132	0.36%
ARABIC	0	16	5	0	0	10	44	75	0.21%
AMERICAN SIGN LANGUAGE	0	5	16	0	5	11	12	49	0.13%
VIETNAMESE	0	7	12	0	2	3	13	37	0.10%
UNKNOWN/UNSPECIFIC	0	1	4	0	14	6	3	28	0.08%
FARSI	0	9	3	0	0	1	6	19	0.05%
SOMALI	0	13	0	0	0	5	0	18	0.05%
GREEK	0	6	0	0	1	10	0	17	0.05%
SWAHILI	0	5	1	0	0	5	4	15	0.04%
CROATION	0	2	1	0	5	2	2	12	0.03%
DUTCH	0	4	1	0	0	1	6	12	0.03%
SIGN EXACT ENGLISH	0	1	3	0	2	3	3	12	0.03%
FRENCH	0	0	2	0	0	3	5	10	0.03%
NATIVE AMERICAN	0	0	1	1	6	0	0	8	0.02%
RUSSIAN	0	4	1	0	0	1	2	8	0.02%
CANTONESE	0	1	1	0	0	0	3	5	0.01%
ROMANIAN	0	1	0	0	0	0	4	5	0.01%
CHINESE	0	2	2	0	0	0	0	4	0.01%
FILIPINO	0	3	0	0	0	1	0	4	0.01%
KOREAN	0	2	2	0	0	0	0	4	0.01%
TAGALOG	0	1	0	0	0	0	3	4	0.01%
HINDI	0	2	0	0	0	0	1	3	0.01%
INDIAN (INDIA)	0	1	1	0	0	1	0	3	0.01%
JAPANESE	0	1	1	0	1	0	0	3	0.01%
MANDARIN	0	0	1	0	1	1	0	3	0.01%
TOHONO OODHAM	0	0	0	0	1	2	0	3	0.01%
APACHE	0	0	2	0	0	0	0	2	0.01%
BOSNIAN	0	2	0	0	0	0	0	2	0.01%
HEBREW	0	2	0	0	0	0	0	2	0.01%
ITALIAN	0	0	1	0	0	1	0	2	0.01%
SERBIAN	0	1	0	0	0	0	1	2	0.01%
ALBANIAN	0	0	1	0	0	0	0	1	0.00%
AMHARIC	0	1	0	0	0	0	0	1	0.00%
ARMENIAN	0	1	0	0	0	0	0	1	0.00%
BRAILE	0	0	1	0	0	0	0	1	0.00%
HUNGARIAN	0	0	0	0	0	0	1	1	0.00%
POLISH	0	0	0	0	0	0	1	1	0.00%
PORTUGUESE	0	1	0	0	0	0	0	1	0.00%
YIDDISH	0	0	0	0	0	1	0	1	0.00%
<b>Total</b>	<b>85</b>	<b>8,156</b>	<b>8,498</b>	<b>37</b>	<b>3,497</b>	<b>7,594</b>	<b>8,640</b>	<b>36,507</b>	<b>100.00%</b>

\*DDD District Home refers to a few members who are not assigned a district.

The Division supports members of all ages. The following chart shows the breakdown of eligible members by age as of July 31, 2016:



The Division's membership over the last several years has grown approximately 4% a year. Review of the demographics of age and ethnicity over time reveal the largest sector of the Division's population is birth to 21 years of age.

#### Provider Network Cultural Competency

The Division's Cultural Competency Committee (Committee) is responsible for implementation, oversight, and monitoring of the CCP. The Committee ensures all Division service providers of Home and Community Based Services, institutional services, behavioral health services, and acute care services have culturally competent practices.

The Division works to establish a consistent, universal approach to cultural competency and diversity. Each Division District manages a culturally competent and diverse workforce within its geographic boundaries, while the Division works statewide to standardize processes across all network providers.

The Division evaluates its provider network and services to assure accessibility and quality of care to members. The Division requires contracted providers and subcontractors to provide standards of services that are "culturally relevant and linguistically appropriate" to the population served.



The Division measures its network, outreach services, and other programs to improve accessibility and quality of care for its membership. These measures are used to coordinate and provide linguistic and disability-related services:

- Demographics
- LEP and primary language
- Use of interpreter services
- Diversity of staff
- Staff input
- Grievances and Appeals
- Resolution System (RS)
- Cultural Competency Survey
- Member surveys
- CLAS Standards
- Network sufficiency
- Provider forums
- Stakeholder input
- Numbers of trainings.

The Division communicates progress in implementing and sustaining its CCP to stakeholders, members, and the general public via:

- Division website posting of the CCP.
- Vendor Blasts
- Cultural Competency is a standing agenda item for provider meetings.

#### Division Subcontracted Health Plans

The Division currently holds contracts with three health plans to provide acute care services to members throughout the state. The Division's subcontracted health plans are:

- Mercy Care Plan
- United Health Care Community Plan
- Care1st Health Plan

The Division provides and coordinates linguistic and disability-related services by requiring its subcontractors to translate all materials, documents and communications into other languages when the subcontractor is aware that 3,000 or 10% (whichever is less) of its members have LEP into the identified language. All vital materials are translated when the subcontractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of its members have LEP into the identified language.

The Division requires that its subcontractors have a written CCP that describes the organization's cultural competency program. The subcontractors' CCPs must include:

- Metrics the organization uses to ensure cultural competency
- Analysis results
- Member complaint data related to cultural competency

- CCP goals for the coming year
- Whether the CCP reviews goals from the previous year
- Any issues identified
- Actions taken to address any identified issues
- Whether the CCP was revised as a result of the identified issues
- How the CCP address additional/ongoing training and assistance to providers
- Whether the CCP educational program addresses the significance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner
- Description of method for evaluating the cultural diversity to assess needs and priorities
- Whether the CCP reviews utilization of interpretation services
- Whether the CCP training fits the diversity needs of staff that have contact with members
- Whether the CCP details how the provider will evaluate its network, outreach services in order to improve accessibility and quality of care for its membership

Subcontractors must ensure that ethnic, racial, cultural, geographic, social, spiritual and economic diversity are recognized across all member families. The CCP must outline the policies and procedures created to support the medical, behavioral, educational, emotional, environmental, and financial needs of members and their families. The CCP must include data about the availability of service systems and personnel to support the family's role as decision makers; this includes collaboration among families and health care providers at all levels.

The Committee met on August 3<sup>rd</sup>, 2015 to review and discuss the subcontracted health plans' CCPs. The following is a synopsis of each health plan's CCP, and a synopsis of the comments from the Division committee. The Division's Health Care Services Administrator and the Network Administrator met in September 2015 with each subcontracted health plan to review the Division's feedback on in detail.

### ***Mercy Care Plan***

#### **Synopsis:**

"Mercy Care Plan educates its members, providers and staff to help assist and increase awareness and build skills needed to deliver (and receive) services in a culturally sensitive manner. Mercy Care Plan's overall goal is to create an environment so that members can receive holistic patient centered care in support of culture and diversity. The vision is for members to be empowered to engage in the managing of their health care and have meaningful dialogue with their providers and Mercy Care Plan staff. Also be able to understand and follow their health treatment plan."

#### **Evaluation:**

Mercy Care Plan (MCP) showed the change in population from last fiscal year to this fiscal year with a good analysis. MCP also had good analysis of other data; however, much of the data did not speak to cultural competency. The data that did speak to cultural competency was unexplored: ".04% of all grievances (17 out of 4266) were related to cultural competency concerns against any provider type." The Committee believes that although this is a small

percentage of total complaints, it would benefit the health plan to evaluate whether the complaints were substantiated and whether or not prevention strategies need to be employed to prevent a trend that gets larger with time.

There were errors in this plan regarding sentence structure and typos on page eight. Mercy Care Plan has conflicting info compared to other health plans regarding the C3 committee; other plans reference a meeting date, where Mercy Care states that the committee did not meet.

Regarding “Develop provider education and subcontractor training are to ensure services are developed in a culturally competent manner,” only two out of the six activities have been completed and there is a typo in results/metrics.

Regarding “Evaluate Language Line services, has been postponed,” the Division feels that it is important to consistently evaluate services provided and recommends that it be done at least quarterly.

### ***United Health Care Community Plan***

#### **Synopsis:**

“United Health Care Community Plan has a Cultural Competency Plan (CCP) that describes how care and services will be delivered to our members in a culturally competent manner. The CCP represents all programs of United Health Care Community Plan including AHCCCS/Acute, Children’s Rehabilitative Services (CRS), Developmentally Disabled (DD) and Arizona Long Term Care–Elderly and Physically Disabled (ALTCS/EPD). Our organization expects that our providers, employees, and business partnerships value diversity. We continuously strive to acquire enhanced cultural knowledge and adapt to reflect the diversity within our community.”

#### **Evaluation:**

United Health Care Community Plan provides materials in Spanish above the requirements as the plan’s Hispanic population and its membership has not hit the LEP threshold of 10% or 3,000 members per United Health Care Community Plan’s CCP. United Health Care Community Plan has committed to attending the C3 with AHCCCS contractors, which includes other acute plans.

Members are not required to use friends or family members to “provide translations services unless it is their desire to do so. This is communicated to providers and members so they do not feel an obligation to use family members.” The Division agrees with informing members of their right to translation services and believes that the only way members will use services is if they are aware of them. The Division is concerned that when providers were asked “Do you know how/where to access cultural competency materials?” only 41% of respondents answered yes. This indicates that, even though the services may be available, providers do not know how to utilize them; the Division is continuing to monitor progress in this area.

The plan states that goal two “Evaluate annually the languages spoken by United Health Care Community Plan staff” is being modified since United Health Care Community Plan has a process in place to assist members with translation services if needed. The Division believes that it is important for an organization’s staff to closely mirror the population of the members served

when possible and does not agree with the modification of this goal. This plan has conflicting information specifically related to complaints, grievances; and tracking staff languages.

The Division is following up regarding the United Health Care Community Plan assessment system; the committee would like to know whether it is an auto use feature or a voluntary use feature. If the feature is voluntary, the Committee would like statistics on how many opt to use the tool.

### ***Care1st Health Plan***

#### **Synopsis:**

“Care1st Health Plan Arizona, Inc. (Care1st) develops and evaluates a Cultural Competence Plan (CCP) on an annual basis in accordance with State and Federal requirements. Care1st is committed to providing cultural competent care and services to its members. Care1st utilizes demographic information from multiple sources to identify cultural competency needs and to develop and evaluate the plan’s CCP.

Care1st seeks to include multiple aspects of servicing members to ensure a high level of culturally competent care. Participants of the Care1st CCP include employees, providers, members and the Arizona community at large.”

#### **Evaluation:**

Care 1<sup>st</sup> provided extensive documentation of each item discussed in the plan, e.g., policies and procedures, PowerPoint presentations to internal and external stakeholders, training plans and tools. It is apparent that Care 1<sup>st</sup> proactively addresses cultural competency in training, information, and tools.

The Division believes that it is important for an organization’s staff to closely mirror the population of the members served whenever possible and would like to see this addressed in future CCP plans.

The Division has evaluated the objectives in the current CCP and concluded that the goals need to be improved to be measurable and include the areas of methodology, monitoring, frequency, and evaluation.

### **Training**

#### **Employee Training**

The Division incorporates philosophical and historical information regarding the disability community, behaviors, attitudes, skills, policies and procedures in its staff development program. Developing cultural competence in the area of developmental disabilities is a primary focus of these trainings.

The Division stresses the importance of being a culturally competent agency by promoting adherence to LEP requirements. Division employees complete training in LEP requirements within the first six months of employment. In addition to the training, an “LEP Toolbox” is

posted on the Division's intranet page, which includes LEP procedures and available translation and interpreter services which has been standardized for all Districts.

The Division has:

- Professional contracts for interpreter and translation services in all areas of the state, and a process for employees to quickly access language services for members with LEP.
- Binders in each office for individuals to look at and subsequently relay their native language to request translation services for less common languages. The binders include reference information for how to obtain written and verbal translation, as well as where to find additional information.

In 2015, LEP trainings were conducted for all supervisors and their staff in each District. Over three weeks, trainings were conducted in all five Districts. Attendance was mandatory and documented. The PowerPoint training presentation was posted to the Division's updated LEP Toolbox, which was updated this year to include more information, District-specific forms, and vendors' names. In addition, SharePoint was updated with the same tools and forms, so that staff has several places they are able to locate this information. These trainings will be held with all staff every two years (next training round is in late 2016).

Division Support Coordinators who are co-located with the Department of Child Safety receive training in Cultural Awareness. The Division trains facilitators of Person Centered Planning to use "person first language" to assure that people are not labeled or identified in terms of a disability or any other condition. Division employees are required to complete Diversity and Cultural Competency in the Workplace within the first six months of employment. The curriculum includes cultural and generational diversity, benefits of cultural diversity, and best practices to create a diverse and inclusive workplace.

Support Coordination and Network staff from each District attended the fifth Annual African-American Symposium on Disabilities. Each year a different group of staff attend so as many individuals as possible can experience this conference.

The Division also partnered with the subcontracted health plans to present a Cultural Competency Coalition (C3) conference in April 2016. Several hundred people attended this one day event. Speakers presented information to the audience on the importance of providing culturally competent services in the health care industry. The Division is currently in the planning stages for the April 2017 C3 symposium. The 2017 event is expected to have between 200 – 300 attendees and will feature a national speaker who is an expert in the area of cultural competency. The Division attends monthly meetings with the C3 members to discuss a wide range of topics, including creating information for members, staff and providers, as well as training and planning. The C3 group is helpful for sharing information and knowledge among the health plans.

The Division:

- Works with the Department's Tribal Liaison to coordinate and address tribal issues and provide consultation

- Maintains an Inter-Governmental Agreement with the Navajo Nation through which Navajo members can select a Navajo Nation Social Services Support Coordinator
- Has Spanish speaking Support Coordinators who are assigned to Spanish speaking members. In 2016, the Division began notifying the tribes of all policy changes as well as notification when the Division sends information to members.

The DES Office of Professional Development (OPD) is creating several additional trainings for Cultural Competency. New diversity training will be mandatory for all staff. A new curriculum for Cultural Competency will be added to the new employee orientation. The new trainings will be expanded and more advanced for staff to get more information in order to ensure they are providing services to members that are culturally competent. The Division expects this training to be available in 2017.

### Provider Training

The Division works with long term care contractors to provide services that are “culturally relevant and linguistically appropriate” to the population served. Requirements include:

- An effective communication strategy when considering acceptance of a referral
- Reasonable steps to ensure meaningful access to Medicaid services for persons with LEP
- Written information in the prevalent non-English languages in a particular service area
- Free interpreter services for all non-English languages, not just those identified as prevalent.

The Division issues to its provider network standardized training materials such as Managing Inappropriate Behaviors, Positive Behavioral Support, and the Arizona Health Care Cost Containment System (AHCCCS) Direct Care Worker modules. One purpose of this training is to develop cultural competency in working with individuals with developmental disabilities.

During the “Contracting with the Division” training, providers receive training in the use of “person first language” to assure that people are not labeled by a disability or other condition. The DES OPD office currently works on creating additional cultural competence trainings for providers. One of the trainings will be an online CBT that will be mandatory for provider staff. The new OPD trainings will assist with ensuring the staff of the Division and the staff of the providers is consistent.

Twenty-four (24) Provider Forums were held throughout the state during which cultural diversity resources were discussed and distributed. Cultural Competency is a standing agenda item for provider meetings and will remain on the agenda indefinitely to discuss any issues or concerns that arise relating to this area.

The Division’s District Network Manager completes a Readiness Review with each newly awarded Qualified Vendor during which the provider’s CCP and policy are reviewed to determine whether the plan includes:

- Includes how the provider can meet the needs of Division members
- Addresses the methods the agency will use for language/document translation

- Consists of a method for recruitment of staff that can meet the needs of members (ex: Spanish speaking)
- Include a process for community outreach

### **Effective Lines of Communication**

The Division provides and coordinates linguistic and disability-related services, by requiring translation of all materials, documents and communications into other languages, when it is aware that 3,000 or 10% (whichever is less) of its members have LEP. For members whose primary language is Spanish, the Division requires translation of all documents, and makes available interpreter services for those members. Translated documents include but are not limited to: Notices of Action; consent forms; member handbooks; announcements; Individual Support Plans; Positive Behavioral Support training curriculum for delivery by staff and provider trainers, and other important publications. The vital documents were reviewed and verified for the annual LEP report for DES in March of 2016, and all documents were found to be current. All documents created are maintained at a 6<sup>th</sup> grade reading level. The Division is also able to provide materials for those with visual and auditory limitations.

The Division works with the Department on translating vital portions of its website into Spanish. A new initiative that is nearing completion is the online referral forms. The project's estimated date for deployment is September 16, 2016. When the individual opens the online referral form, the screen will ask whether the member speaks a language other than English and needs translation. If the primary language is Spanish, that version will load instead. This will allow members to complete the form immediately without waiting for translation assistance.

The Division created a bulletin for group home providers. The bulletin was translated into Spanish, and both English and Spanish versions were sent out via email to group home providers and posted on the website. A new process for obtaining written document translation from Language Line was created, and the process has been simplified. Translation of bulletins and newsletters into Spanish is now easily accessible and more efficient.

In addition to professional interpreter services, the Division's Support Coordinators and office staff can provide Spanish interpreter and translation services. Bilingual Division Support Coordinators facilitate meetings and record Individual Support Plans into Spanish. Hiring preference is given to bilingual Support Coordinators and staff. The Division currently pays 80 Support Coordinators a stipend for language services. Other translation services offered to members are for deaf and hard of hearing. Sign language is provided by several of the Division vendors.

All correspondence sent to members is in English and Spanish; this includes: Member Newsletters, National Core Indicator Survey, Cultural and the Competency Survey.

Under contract with the Division, Raising Special Kids, the Ability 360, and DIRECT Center for Independence provide training to members and families on self-advocacy and self-determination. Select trainings are held in English and Spanish. Raising Special Kids has a bilingual homepage and offers some training and workshop opportunities in Spanish. The overall themes of the

training and workshops are: self/family advocacy, planning for transitions (i.e., preschool to kindergarten, school to employment) planning documents (e.g., IFSP, IEP), behavior support, and collaboration.

## **Evaluation and Monitoring**

### Evaluation of Measures

The Committee evaluates data to determine the degree to which the Division delivers quality services that respond to the cultural and linguistic diversity of the populations served.

#### *Member Survey*

The Division's Office of Family and Community Resources conducts ongoing surveys with ALTCS members to determine satisfaction with services and other information. Surveys are mailed to members every two years to assess the member's evaluation of culturally competent services.

When asked "Are planning meetings conducted in your primary language?" members and families responded as follows:

<b>Response</b>	<b>District Central</b>	<b>District East</b>	<b>District North</b>	<b>District South</b>	<b>District West</b>	<b>Total</b>
<b>YES</b>	100%	100%	99%	100%	100%	100%
<b>NO</b>	0%	0%	1%	0%	0%	0%

This survey demonstrates that 99.8% of members' planning meetings are conducted in the members' preferred language.

The Division reviewed information from the RS and found that there were statistically few grievances or complaints associated with discrimination, LEP, or cultural competency. Since July 1, 2015, only two complaints were elevated to the Office of Family and Community Resources for tracking. Both complaints resulted from the member requesting a Support Coordinator fluent in the member's native language. Each was resolved by changing the Support Coordinator to another who spoke the member's language of fluency. Tracking of this information has been ongoing.

The Arizona Health Care Cost Containment System (AHCCCS) requires complaint closure within 90 days of opening, and it prefers the average number of days to closure to be less than 30 days. Complaints open for more than 90 days must be explained to AHCCCS. There were no reported instances of Cultural Competency or LEP complaints being open for more than 90 days. The majority of complaints were resolved within 10 days.



### *Member Survey 2015 Results*

The Division surveys members every two years. The next survey will go out in 2017. The Division survey in 2015 asked members to determine whether their service providers (1) speak to them in a language that is understood by them, (2) understand what is important to them, and (3) respect their choices and opinions. The results are depicted as follows:

**1. Do these people speak to you in a language you understand?**

	Yes	No
Primary Care Physician	3,917	41
Support Coordinator	3,877	48
Habilitation Worker	2,486	30
Respite Worker	2,447	30
Group Home Worker	1,406	27
Behavioral Health Provider	1,673	31
Psychiatrist	1,518	31

**2. Do these people respect your beliefs?**

	Yes	No
Primary Care Physician	3,912	14
Support Coordinator	3,859	25
Habilitation Worker	2,445	16
Respite Worker	2,432	17
Group Home Worker	1,396	18
Behavioral Health Provider	1,655	16
Psychiatrist	1,512	14

**3. Do these people respect your family or household unit?**

	Yes	No
Primary Care Physician	3,873	12
Support Coordinator	3,861	22
Habilitation Worker	2,443	18
Respite Worker	2,434	20
Group Home Worker	1,382	21
Behavioral Health Provider	1,656	20
Psychiatrist	1,494	17

**4. Do you feel these people respect your choices and opinions about your traditions, culture, and customers?**

	Yes	No
Primary Care Physician	3,832	15
Support Coordinator	3,792	24
Habilitation Worker	2,407	16
Respite Worker	2,398	16
Group Home Worker	1,362	20
Behavioral Health Provider	1,630	20
Psychiatrist	1,482	12

**5. If you answered NO to any of these questions, were you able to talk about it and get the issue fixed?**

	Yes	No
Primary Care Physician	226	12
Support Coordinator	219	22
Habilitation Worker	152	14
Respite Worker	139	15
Group Home Worker	98	13
Behavioral Health Provider	113	14
Psychiatrist	107	12

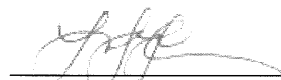
The results reveal that, overall, members receive services in a language they understand, providers understand what is important to the member, and members' choices and opinions are respected. This year, the Committee will create a new survey to assess the progress of workers in the group homes and providers. The survey will be created in the next several months before training is offered, and it will provide a baseline for more targeted training (if necessary). The Division survey to members will then go out in early 2017. All results will be reviewed by the Committee for assessment and action.

### **Cultural Competency Work Plans**

The Cultural Competency Committee oversees and directs the Cultural Competency efforts as stated in the CCP and Work Plan. The current objectives are measurable and accurately reflect what the Division will be able to accomplish. The Cultural Competency Evaluation Work Plan CYE 2015-2016 (Appendix B) and Cultural Competency Work Plan CYE 2016-2017 (Appendix C) are the result of the committee's monitoring, evaluation and development of achievable goals and objectives for the Division as it continues to evolve its cultural competency.

## Appendix A: DDD Cultural Competency Plan 2016-2017 and Work Plan Evaluation Approval

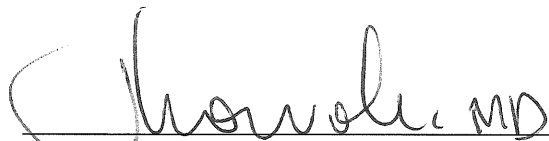
The DES DDD Cultural Competency Plan CYE 2016-2017 and the Evaluation have been approved by:

  
\_\_\_\_\_  
Laura L. Love, Ph.D.  
Assistant Director/Chief Executive Officer  
Division of Developmental Disabilities

8/10/2016  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Elizabeth Cavazos-Barrett, MSW  
Deputy Assistant Director  
Division of Developmental Disabilities

8/11/16  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Joanna Kowalik, M.D.  
Chief Medical Officer  
Division of Developmental Disabilities

8/10/2016  
\_\_\_\_\_  
Date

The Division's Statewide Compliance Committee has formally:

1. Evaluated the effectiveness of the CYE 2015-2016 Cultural Competency Plan Evaluation Work Plan strategy and activities; and
2. Evaluated and approved the CYE 2016-2017 Cultural Competency Plan on August 15, 2016.

The Division's Management Team, as the governing body and policy making body, has formally:

1. Evaluated the effectiveness of the CYE 2015-2016 Cultural Competency Plan Evaluation Work Plan strategy and activities; and
2. Evaluated and approved the CYE 2016-2017 Cultural Competency Plan on August 15, 2016.

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
<b>Objective 1:</b> 90% of Division employee demographic will reflect member demographic.	Data pull of FOCUS and personnel data.  Identify member demographic areas.	Review data on a quarterly basis to determine the need to strategize targeted recruitment of potential employees to more closely align employee with member demographic.	7/1/15	6/30/16	Cultural Competency Committee and the Division's Personnel Unit.	The Division evaluated this objective by comparing current member demographics to current staff demographics. Division staff is reflective of membership in 4 out of 6 demographic areas. The Division is slightly under staffed in White not Hispanic The Division data shows that the Division is understaffed in the American Indian population, however, the Division has an

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
<i>Objective 2:</i> The qualified vendor contracts will include the requirement to have a culturally competent plan that is reviewed and approved by the Division.	Amend the current qualified vendor contracts		7/1/15	6/30/16	Division Contract Administrator	The language change for the acute subcontractor contract was uploaded to ProcureAZ on 9/19/14
						Intergovernmental Agreement with the Navajo Nation, subcontracting support coordination services for the Navajo Population.

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation				Start Date	End Date	Person Responsible	Evaluation
<b>Objective 3:</b> 100% of new qualified vendors will have an approved cultural competency plan.	Include a review of qualified vendors that have an approved cultural competency plan during the readiness	Data will be reviewed on a quarterly basis to determine compliance.				7/1/15	6/30/16	District Network Managers and the Network Administrator	The Division does not approve new vendors to accept authorizations until they can demonstrate they have a CCP. The Division had 37 new vendors for CYE 2015-2016.  Note: Quarter four was changed to be the first quarter to reflect the Division's contract year with AHCCCS.
		Q4	Q1	Q2	Q3				
		9	11	4	11				

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
<b>Objective 4:</b>  The Division will track two elements of the supervisor audit tool. Questions # 4 and 5.  4. "Were the meetings conducted in your preferred language?"  5. "Is your provider understanding and respectful of your member's/family's customs and traditions?"	Division will track through supervisor audits for tracking and trending, if deemed appropriate enter into RS for follow up.	Data will be reviewed on a quarterly basis to determine trends and communicate areas for improvement to Division personnel and contracted providers.	7/1/15	6/30/2016	The District Supervisors, the Cultural Competency Committee and the Central Office Quality Oversight Committee (COQOC).	The Division has met this goal. Data tracked shows the answer to "Were the meetings conducted in your preferred language?" was answered positively 100% of the time. Data tracked shows the answer to  Question 5 - "Is your provider understanding and respectful of your member's/family's customs and traditions?" was answered positively 99.75% of the time

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation				Start Date	End Date	Person Responsible	Evaluation
		Q1 Question 4	Q2 Question 4	Q3 Question 4	Q4 Question 4				
		100%	100%	100%	100%				
		Question 5	Question 5	Question 5	Question 5				
		99%	100%	100%	100%				
<b>Objective 5:</b> Include cultural competency awareness as an ongoing agenda item in the District's provider meetings	Discuss topics of cultural competency and share community trainings/conferences related to cultural competency in provider meetings.	Review agenda and minutes from provider meetings on a quarterly basis.				7/1/15	6/30/16	District Program Managers Network Managers and the Cultural Competency Committee.	The Division held 24 Provider Forums throughout the state during which cultural diversity resources were discussed and distributed.



**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation				Start Date	End Date	Person Responsible	Evaluation
<b>Objective 6:</b> Review 100% of complaint data related to cultural competency factors from the Division's RS.	Track and review complaint data; document trends noted.	Data will be reviewed on a quarterly basis and corrective action identified to address any trends where improvement is needed.				7/1/15	6/30/16	Family and Community Resources Administrator and the Cultural Competency Committee.	The Division only had two complaints for CYE 2016
		Q1 0	Q2 0	Q3 0	Q4 0				
<b>Objective 7:</b>									

## Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016

Goal: Ensure the provision of culturally competent services to members served by the Division

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
Customize training to fit the needs of staff based on the nature of the contacts they have with providers and/or members.	Division will utilize cultural and language member data to identify appropriate trainings for staff.	Compliance of trainings through employee training records and conferences through registration/certificate of completion.	7/1/15	6/30/16	Cultural Competency Committee and the Training Manager.	<p>The LEP trainings provided to Support Coordination as customized in May of 2015 continue to be effective due to only two LEP complaints in CYE 2016.</p> <p>The Division encourages staff participation in conferences and trainings as evidenced by attendance at:</p> <ul style="list-style-type: none"> <li>• Annual African Symposium on Disabilities</li> <li>• Cultural Competency Coalition Symposium</li> </ul>

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
<i>Objective 8:</i> Develop, disseminate, review and approve questionnaire/survey to all families to determine that culturally competent services are being provided across the service systems (Acute, Behavioral Health and HCBS services)	Division will send a survey to Division members that measures the delivery of culturally competent services.  Review and approve Acute Health Plans' survey to ensure that it measures the level of culturally	Analyze Division and Acute Health Plans' survey results, if deemed appropriate enter into RS.  Develop work plan to target training and education to providers and/or staff based on survey results.	7/1/15	6/30/16	Cultural Competency Committee, Family and Consumer Resource Administrator and Network Administrator	Diversity and Cultural Competency is required within the first six months of employment for all staff.  The Division conducts a member survey every two years to measure the delivery of culturally competent services. The survey for CYE 2015-2016 shows that overall members are receiving services in a language they understand, and members' choices and opinions are

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
	competent service delivery to Division members.					respected.  The Division holds quarterly meetings with the Acute Health Plans. Surveys were reviewed prior to being sent to members. Results were analyzed by the Committee as part of the Acute Health Plan's submission a CCP to the Division
<b>Objective 9:</b> Determine the process for communicating progress in implementing and sustaining the Cultural Competency Plan goals to	Results of assessment will be utilized and shared with the HCBS providers and Acute Health Plans during	Division will review cultural and preferred language of Division member demographics and provider services' demographics on a quarterly basis to assess the match between members' needs and providers' service delivery.	7/1/15	6/30/16	Cultural Competency Committee and Network Administrator  Division Health Care Services,	The Division posts the CCP on the Division website.  The Division sends Vendor Blasts to Providers regarding Cultural

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
stakeholders, members and the general public.  Conduct regular assessment of community health assets.	provider and care coordination meetings.  Division will participate in the Community Advisory Board and Community Team sponsored by the Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH).				Nurse Administrator.	Competency.  Cultural Competency is a standing agenda item for provider meetings.
<b>Objective 10:</b>						

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
Communicate the progress in implementing and sustaining the CCP's goals to stakeholders, members and the general public.	Post the Division's Cultural Competency Plan on the Division's website.  In community events share the Division's Cultural Competency Plan.  The Division's newsletter will include the Cultural Competency Plan and ongoing progress for implementation of the	The Cultural Competency Committee will review the progress of the Plan and provide updates to be included on the website and in the newsletter on an ongoing basis.	7/1/15	6/30/16	Cultural Competency Committee, Family and Community Resources Administrator.	The plan is posted on the Division's website.

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**  
**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
	Plan.					
<b>Objective 11:</b> Review, evaluate and approve the Acute Health Plans' Cultural Competency Plans.	Division will provide to the Acute Health Plans, Division specific cultural and language data by geographic area and analyze each. Acute Health Plan's data to ensure culturally competent services are being provided	<p>The Cultural Competency Committee on a quarterly basis will review each Acute Health Plan's progress in implementing their Cultural Competency Plan and provide feedback during the quarterly Division/ Acute Health Plan meetings.</p> <p>The Cultural Competency Committee will analyze Division and Acute Health Plan data to assess network sufficiency of culturally competent providers serving Division members and issue corrective action where deficiencies are identified.</p>	7/1/15	6/30/16	Cultural Competency Committee and the Network Administrator	The Committee reviewed and evaluated each Acute Health Care subcontractor's CCPs. In the evaluation of the CCPs the Committee identified areas of improvement. The committee is working on a standardized response and a metric for reviewing each quarter. The Division attends the C3 meetings with the Acute Health Care Subcontractors

**Appendix B: Cultural Competency Evaluation Work Plan CYE 2015-2016**

**Goal: Ensure the provision of culturally competent services to members served by the Division**

Objective	Methodology	Monitoring/Evaluation	Start Date	End Date	Person Responsible	Evaluation
						and assists in creating cultural competency tools for use by committee members.



### Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
The Division will maintain high ratings of family satisfaction with Division services being culturally competent (excluding Support Coordination).	<ol style="list-style-type: none"> <li>Conduct, review, and analyze member survey. Satisfaction will remain above 95%.</li> <li>Corrective Action Plan to be developed and implemented if data shows decline of more than 5%.</li> </ol>	Member Survey	7/1/15	6/30/17	<ol style="list-style-type: none"> <li>Family and Community Resources Administrator</li> <li>The Cultural Competency Committee</li> </ol>					

## Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
The Division will maintain high member satisfaction with cultural competency within Support Coordination.	1. View quarterly data related to the question "Are the planning meetings conducted in language you understand?" Satisfaction will remain above 95%.  2. View quarterly data related to the question "Are providers respectful	Review on a quarterly basis to determine trends and communicate areas for improvement to Division personnel and contracted providers.	7/1/16	6/30/17	1. Lieutenant Program Administrator for Support Coordination as well as District Supervisors, Cultural Competency Committee and the Central Office Quality Oversight Committee.  2. Lieutenant Program Administrator for Support Coordination as well as District Supervisors,					

## Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
	of customs and traditions?" Satisfaction will remain above 95%.  3. Review Consumer/Family Grievances related to Cultural Competency within Support Coordination.				Cultural Competency Committee and the Central Office Quality Oversight Committee.  3. Lieutenant Program Administrator for Support Coordination as well as District Supervisors.					

### Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
The Division will conduct regular assessment of community health assets	1. Results of assessment will be utilized and shared with the HCBS providers and Acute Health Plans during provider and care coordination meetings.  2. The Division will participate in the Community Advisory Board and Community	The Division will review cultural and preferred language of Division member demographics and provider services' demographics on a quarterly basis to assess the match between members' needs and providers' service delivery	7/1/16	6/30/17	1. Cultural Competency Committee and Network Administrator.  2. Network Administrator					

## Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
The Division will continue communicating the progress in implementing and sustaining the CCP's goals to stakeholders, members and the general public.	Team sponsored by the Arizona Department of Health Services and the Maricopa County Department of Public Health. 1. Post the Division's Cultural Competency Plan on the Division's website. 2. In community events share the Division's Cultural	The Cultural Competency Committee will review the progress of the Plan and provide updates to be included on the website and in the newsletter on an ongoing basis.	7/1/16	6/30/17	1. Cultural Competency Committee, Family and Community Resources Administrator. 2. Cultural Competency Committee. 3. Cultural Competency					

## Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
	Plan and ongoing progress for implementation of the Plan.				Committee, Family and Community Resources Administrator.					
The Division will review, evaluate and approve the Acute Health Plans' Cultural Competency Plans.	The Division will provide to the Acute Health Division specific cultural and language data by geographic area and analyze each Acute Health Plan's data to ensure culturally competent services are being	1. The Cultural Competency Committee on a quarterly basis will review each Acute Health Plan's progress in implementing their Cultural Competency Plan and provide feedback during the quarterly Division/ Acute Health	7/1/16	6/30/17	1. Cultural Competency Committee and the Network Administrator.  2. Cultural Competency Committee.					

### Appendix C: Cultural Competency Evaluation Work Plan CYE 2016-2017

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Status Report Q4	Status Report Q1	Status Report Q2	Status Report Q3	Evaluation
	provided.	Plan meetings. 2. The Cultural Competency Committee will analyze Division and Acute Health Plan data to assess network sufficiency of culturally competent providers serving Division members and issue corrective action where deficiencies are identified.								